

REGISTRATION
Fall 2017
Adult



For Office Use Only:
Date Received _____
Reg Fee Paid _____
Tuition Amt Paid _____
Check Number _____
Teacher _____

I. PERSONAL INFORMATION

Please Choose: **New Student** _____ **Returning Student** _____

Student's Name _____ M/F _____ Age _____

Address _____
(Street) (City) (State) (Zip Code)

Cell Phone _____

Email Address _____

II. COURSE SELECTION

Area of Instruction: Piano _____ Voice _____ Other _____

Private Lesson: Circle One 30 min 45 min 60 min

Important* Please indicate 1st, 2nd, and 3rd choices for weekday and time of Private Lesson:

1. _____ 2. _____ 3. _____

Please complete the following:

Have you had previous instruction? _____ If yes, please specify instrument, class, teacher, years of study, and current repertoire: _____

III. BUSINESS AGREEMENT

I am committing (Student's Name) _____ for the full semester's study, and I agree to pay the entire semester's tuition. I understand that **refunds will not be given** even if lessons are discontinued by the student before the semester's end except in extreme circumstances such as death or moving out of state. Payment for previous lessons missed will not be refunded. If a teacher must miss a lesson, that lesson will be rescheduled at a mutually convenient time. I will pay in the following manner:

3 equal payment _____ (not available after August 1) Payment in full _____

This form is to be accompanied by a **\$25 registration fee and one-third of the semester's tuition** which will not be refunded. The **second payment must be made by September 1** or the student will not be allowed to continue lessons. The **final payment must be made by October 2. After October 2**, accounts will be charged a \$50 late fee, and the student will not be allowed to continue lessons.

Signed _____ **Date** _____
(Party Responsible for Payment)

Make checks payable to Samford University. Return to: Academy of the Arts, Music, Samford University, Birmingham, AL 35229. Fax number 205-726-4020. www.samford.edu/go/aota

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